

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | NO. | DATE |
|---------------------------|----------|-----|----------|
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | | 19 | 3/30 |
| FORMALITY REVIEW | ha | 852 | 04-09-01 |
| RESPONSE FORMALITY REVIEW | ha | 712 | 07-20-07 |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral).... Canceled A Appeal
 ÷ Restricted O Objected

| Claim | Date |
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| Final Original | |
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| Claim | Date |
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| Claim | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

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023
 DC-617
 7-20-01